## RECEIVED

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## RECEIVED TAIR POLITICAL CTICES COMMISSION STATEMENT OF ECONOMIC INTERESTS DEC 16 PM 1: 57 COVER PAGE

CITY CLERK'S OFFICE

A Public Document

Please type or print in ink.  NAME (LAST)	(FIRST)	(MIDDLE)
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(d)(5)	JOHN	<i>{∕</i> ₩,
1. Office, Agency, or	Court	4. Schedule Summary
Name of Office, Agency, or Court:		► Total number of pages
CITY COUN	ICIL, LEMORE	including this cover page:
Division, Board, District, if ap	plicable: '	➤ Check applicable schedules or "No reportable interests."
Your Position:		I have disclosed interests on one or more of the attached schedules:
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)
Agency:		Schedule A-2 Yes schedule attached Investments (10% or Greater Ownership)
Position:		Schedule B Yes – schedule attached Real Property
2. Jurisdiction of Office (Check at least one box)		Schedule C
☐ State		Schedule D Yes – schedule attached
County of		Income – Gifts
City of LEMOORE		Schedule E Yes – schedule attached Income – Gifts – Travel Payments
Multi-County		
☐ Other		-or-
3. Type of Statement (Check at least one box)		No reportable interests on any schedule
Assuming Office/Initial	Date: 12167110	5. Verification
☐ Annual: The period covered is January 1, 2009, through December 31, 2009.		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
	or-	of my knowledge the information contained herein and in any
O The period covered is, through December 31, 2009.		attached schedules is true and complete.
Leaving Office Date Left:		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.		Date Signed
O The period covered is, through the date of leaving office.		Signature (d)(5)
į	nr:	EDBC Form 700 (2009/2010)

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

## SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
DESTIN NUMES CAMPAIGN CUM, ADDRESS (Business Address Acceptable) VISALIA, CA.	ADDRESS (Business Address Acceptable)
P.O. BOX 6545: 93298 BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<b>A</b> .	DATE (IIII) DECEMBER 101 OF SITTLE
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	\$
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
Comments:	